

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO | DATE |
|---------------------------|------------|-------------|----------------|
| FEE DETERMINATION | | | |
| O.A.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | <i>lit</i> | <i>90</i> | <i>1-24-01</i> |
| RESPONSE FORMALITY REVIEW | <i>lit</i> | <i>1091</i> | <i>6-06-01</i> |

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INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 - _____ Allowed I _____ Interference
 - (Through numeral) _____ Cancelled A _____ Appeal
 + _____ Restricted O _____ Objected

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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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